

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM

460

Page 1 of 64

For Official Use Only

Statement covers period

from 03/28/2010

through 05/22/2010

Date of election if applicable:  
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☒ Pre-election Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Correction to allocations

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
741906

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
San Diego County Democratic Party (State Acct.)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Diego	CA	92111-1320	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Xavier R Martinez

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Marcos	CA	92078-5095	(760) 752-1610

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
(760) 752-9530 / info@sddemocrats.org

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/23/2010 By Xavier Martinez  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 64

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

N/A N/A

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
N/A CA 00000

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D.NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D.NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 3 of 64
I.D. NUMBER 741906		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diego County Democratic Party (State Acct.)

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$118,970.00	\$148,860.00
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$118,970.00	\$148,860.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$5,372.58	\$5,464.38
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$124,342.58	\$154,324.38

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$73,064.29	\$88,182.52
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$73,064.29	\$88,182.52
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$5,372.58	\$5,464.38
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$78,436.87	\$93,646.90

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$26,746.98	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$118,970.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$0.00	
15. Cash Payments .....	Column A, Line 8 above	\$73,064.29	
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$72,652.69	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$0.00	

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 4 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2/2010	Ben Hueso for State Assembly 2010 Encinitas, CA 92024-8705 Committee ID: 1315856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$4,000.00	
4/2/2010	Ben Hueso for State Assembly 2010 Encinitas, CA 92024-8705 Committee ID: 1315856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$4,000.00	
5/17/2010	Ben Hueso for State Assembly 2010 Encinitas, CA 92024-8705 Committee ID: 1315856	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$4,000.00	
5/20/2010	C & S USA Inc. Chula Vista, CA 91910-2004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,100.00	\$1,100.00	
3/30/2010	Chula Vista Democratic Club Chula Vista, CA 91910-7910	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$850.00	

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$118,790.00
2. Amount received this period - unitemized contributions of less than \$100 .....	\$180.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL</b> \$118,970.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 5 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/5/2010	Committee to Re-Elect Marty Block Sacramento, CA 95864-0775 Committee ID: 1315937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$1,000.00	
4/5/2010	Committee to Re-Elect Marty Block Sacramento, CA 95864-0775 Committee ID: 1315937	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$850.00	\$1,000.00	
4/12/2010	Elevate, LLC San Diego, CA 92123-4416	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
4/10/2010	La Jolla Democratic Club La Jolla, CA 92037-2225 Committee ID: 746049	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$710.00	\$2,760.00	
4/5/2010	La Mesa- Foothills Democratic club San Diego, CA 92115-1716 Committee ID: 930381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$595.00	\$805.00	

**SUBTOTAL**

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(other than PTY or SCC)  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 6 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/25/2010	La Mesa- Foothills Democratic club San Diego, CA 92115-1716 Committee ID: 930381	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$805.00	
4/14/2010	League of Conservation Voters Encinitas, CA 92024-6772 Committee ID: 941659	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
4/9/2010	Liberty One Radio, Inc. Chula Vista, CA 91911-3118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
	***INTERMEDIARY*** ActBlue California Cambridge, MA 02138-5106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/12/2010	Lori Saldana for State Senate 2012 Sacramento, CA 95841-3111 Committee ID: 1314644	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350.00	\$350.00	

**SUBTOTAL**

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 7 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/19/2010	M & A Gabae Beverly Hills, CA 90210	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,000.00	\$3,000.00	
4/9/2010	M.C. Contracting, Inc. Chula Vista, CA 91910-7588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
4/9/2010	Martin Luther King Democratic Club of San Diego County Chula Vista, CA 91911-5932	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$510.00	\$510.00	
4/8/2010	Martinez & Associates, Inc. San Marcos, CA 92078-2463	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
4/10/2010	Paul Clay For State Senate 2010 Murrieta, CA 92562-4577 Committee ID: 1319751	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$110.00	\$110.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through	05/22/2010	Page 8 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/15/2010	Professional Engineers In California Government PECG-PAC Sacramento, CA 95814-2483 Committee ID: 822501	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$165.00	\$1,015.00	
4/9/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,000.00	\$70,000.00	
4/9/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$70,000.00	
4/25/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$70,000.00	
4/25/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$70,000.00	
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from 03/28/2010 through 05/22/2010		<b>CALIFORNIA FORM 460</b> Page 9 of 64
I.D. Number 741906		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/5/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$70,000.00	
5/11/2010	San Diego-Imperial Counties Central Labor Council San Diego, CA 92108-4005 Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$70,000.00	
4/19/2010	SDFF Local 145 Political Fund San Diego, CA 92108-2174 Committee ID: 761453	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	\$12,000.00	
4/19/2010	SDFF Local 145 Political Fund San Diego, CA 92108-2174 Committee ID: 761453	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$12,000.00	
4/5/2010	Service Employees International Union Local 221 PAC Sacramento, CA 95814-4602 Committee ID: 1298154	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$3,000.00	\$18,000.00	
<b>SUBTOTAL</b>						

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       (other than PTY or SCC)  
 OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/28/2010</u> through <u>05/22/2010</u>		<b>CALIFORNIA FORM 460</b> Page <u>10</u> of <u>64</u> I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Service Employees International Union Local 221 PAC Sacramento, CA 95814-4602 Committee ID: 1298154	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$7,000.00	\$18,000.00	
4/30/2010	Service Employees International Union Local 221 PAC Sacramento, CA 95814-4602 Committee ID: 1298154	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$8,000.00	\$18,000.00	
5/3/2010	Sunroad Asset Management, Inc. (02) San Diego, CA 92121-1979	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	
3/30/2010	Vote Judge Longstreth 2010 Encinitas, CA 92024-8705 Committee ID: 1324674	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350.00	\$350.00	
3/29/2010	Will Copy & Print San Diego, CA 92101-1254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
<b>SUBTOTAL</b>						

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>03/28/2010</u>		<b>CALIFORNIA FORM 460</b>
through <u>05/22/2010</u>		
		Page <u>11</u> of <u>64</u>
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	***INTERMEDIARY*** CompleteCampaigns.com (Credit Card Processor) San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
4/1/2010	Veronica P Longstreth San Diego, CA 92103-1140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none Unemployed	\$350.00	\$0.00	
	***INTERMEDIARY*** ActBlue California Cambridge, MA 02138-5106	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
5/10/2010	Veronica P Longstreth San Diego, CA 92103-1140	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none Unemployed	(\$350.00)	\$0.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b>				\$118,790.00		

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 03/28/2010  
through 05/22/2010

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 03/28/2010 through 05/22/2010	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 03/28/2010 through 05/22/2010	<b>CALIFORNIA FORM 460</b> Page 14 of 64 I.D. Number 741906
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2010	San Diego-Imperial Counties Labor Council San Diego, CA 92105-1645  Committee ID: 744131	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		phone usage-volunteer phone bank	\$155.88	\$247.68	
4/10/2010	Engine Room Fitness San Diego, CA 92101-5115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 week Engine Room classes	\$150.00	\$150.00	
4/10/2010	Legend's International San Diego, CA 92104-4603	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legends Int haircut certificate	\$60.00	\$120.00	
4/10/2010	Legend's International San Diego, CA 92104-4603	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legends Int haircut	\$60.00	\$120.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$4,690.58

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$4,690.58
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....	\$682.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL</b> \$5,372.58

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/28/2010</u> through <u>05/22/2010</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2010	Inner Balance Institute San Diego, CA 92103-2616	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Chiropractor services certificate	\$595.00	\$595.00	
4/10/2010	Miracle Touch Healing Center San Diego, CA 92109-4095	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		gift certificate for therapy	\$150.00	\$150.00	
4/10/2010	Pechanga Resort & Casino Temecula, CA 92592-5810	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		gift card for golf, spa, dining	\$250.00	\$250.00	
4/10/2010	Apply Liberally Enterprises, LLC San Diego, CA 92121-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10 seats for choice of concerts	\$150.00	\$525.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 03/28/2010 through 05/22/2010	<b>CALIFORNIA FORM 460</b> Page 16 of 64 I.D. Number 741906
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2010	Very Vallarta San Diego, CA 92108-3902	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		week at Holiday Inn Puerta Vallarta resort	\$900.00	\$900.00	
4/10/2010	Apply Liberally Enterprises, LLC San Diego, CA 92121-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Anemone Disk paperweight	\$100.00	\$525.00	
4/10/2010	Apply Liberally Enterprises, LLC San Diego, CA 92121-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Signed, 1st edition Naked Came the Manatee book	\$200.00	\$525.00	
4/10/2010	Apply Liberally Enterprises, LLC San Diego, CA 92121-1500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		small oil painting	\$75.00	\$525.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/28/2010</u> through <u>05/22/2010</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/10/2010	Wave House San Diego San Diego, CA 92109-8730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4 Flow Rider passes	\$120.00	\$520.00	
4/10/2010	Wave House San Diego San Diego, CA 92109-8730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		two 3 month memberships Wave House Athletic Club	\$400.00	\$520.00	
4/10/2010	Luco Hair & Skin San Diego, CA 92103-4219	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		hair cut certificate plus hair care products	\$200.00	\$200.00	
4/10/2010	Sycuan Band Of The Kumeyaay Nation El Cajon, CA 92019-1821	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		golf w/cart & dinner for two	\$175.00	\$175.00	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>03/28/2010</u> through <u>05/22/2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>18</u> of <u>64</u>	I.D. Number 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/22/2010	Unite Here Local 30 San Diego, CA 92108-4009	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Employee time 10 days	\$949.70	\$949.70	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$4,690.58

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
 IND - Individual  
 COM- Recipient Committee  
       (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	03/28/2010		
through	05/22/2010		
		Page 19	of 64
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Payee Name: Anne W Kearns Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR- to support Hon. Howard Wayne	\$500.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: TargetSmart Communications Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-voter data city council ca (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$102.63	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Print post card mailer-not (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$1,596.45	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) ..... \$72,926.31
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$1,284.88
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** \$74,211.19

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-printing mailer- City Council to support Hon. Howard Wayne	\$1,596.45	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Anne W Kearns Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design city council candid (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$500.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/4/2010	Payee Name: Progressive Strategy Partners, Inc. Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design, printing, mail service to support Humberto Peraza	\$7,425.81	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Jerry Brown Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing door hangers-allocati (Funds Spent from Federal Account) to support Jerry Brown	\$73.00	\$712.51	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
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NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Lantz Lewis Superior Court Judge District 14 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Lantz Lewis	\$73.00	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Robert Longstreth Superior Court Judge District 21 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Robert C Longstreth	\$73.00	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Joel Wohlfeil Superior Court Judge District 34 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Joel R Wohlfeil	\$73.00	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Stephen Whitburn County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Stephen L Whitburn	\$22.00	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Sheila Jackson Board of Supervisors District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Hon. Sheila L Jackson	\$22.00	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Juan Del Rio Board of Supervisors District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate doorhangers-all (Funds Spent from Federal Account) to support Juan M Del Rio	\$22.00	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Margaret Moody County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Margaret A Moody	\$22.00	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-printing slate door hanger (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$22.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA  
FORM 460**

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NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Humberto Peraza	\$16.00	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/30/2010	Payee Name: Will Copy & Print Candidate Name: Steve Castaneda Mayor Jurisdiction: City of Chula Vista	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing slate door hangers-al (Funds Spent from Federal Account) to support Steve Castaneda	\$16.00	\$10,789.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/11/2010	Payee Name: Progressive Strategy Partners, Inc. Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Printing and postage for mail to support Humberto Peraza	\$5,553.50	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/11/2010	Payee Name: Tony Turpin Associates Candidate Name: Steve Castaneda Mayor Jurisdiction: City of Chula Vista	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Date processing, printing & ma to support Steve Castaneda	\$7,456.86	\$10,789.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

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**CALIFORNIA**  
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NAME OF FILER  
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I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/11/2010	Payee Name: Tony Turpin Associates Candidate Name: Steve Castaneda Mayor Jurisdiction: City of Chula Vista	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR:Processing, printing & mai (Funds Spent from Federal Account) to support Steve Castaneda	\$3,281.18	\$10,789.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/4/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Mail service & postage for (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$1,641.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/13/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Mail service & postage for (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$1,641.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/4/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage for dir to support Hon. Howard Wayne	\$1,641.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
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I.D. NUMBER  
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/13/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage for dir to support Hon. Howard Wayne	\$1,641.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/14/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Stephen Whitburn County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail sevice & postage allocate to support Stephen L Whitburn	\$319.64	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/14/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Hon. Sheila Jackson Board of Supervisors District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage-allocat to support Hon. Sheila L Jackson	\$319.64	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/14/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Juan Del Rio Board of Supervisors District 4 Jurisdiction: San Diegp	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage allocat to support Juan M Del Rio	\$319.64	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
 San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/14/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Margaret Moody County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage allocat to support Margaret A Moody	\$319.64	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/14/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage for all to oppose Ron Roberts	\$895.00	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/14/2010	Eye/Comm, Inc. Proposed Term Limits Ballot Number or Letter: B Jurisdiction: B	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service and postage for a to support Proposed Term Limits	\$127.86	\$223.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: Progressive Strategy Partners, Inc. Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR Voter file for mailer-no F (Funds Spent from Federal Account) to support Humberto Peraza	\$664.22	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
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I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/18/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-mail service & postage-no (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$3,282.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: Anne W Kearns Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-graphic design for mailer- (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$500.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-printing mailer-no Federal (Funds Spent from Federal Account) to support Hon. Howard Wayne	\$1,700.68	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	bna Communications Public Works Contracts Ballot Number or Letter: G Jurisdiction: G	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing MBR handouts-Vote No (Funds Spent from Federal Account) to oppose Public Works Contracts	\$880.17	\$880.17	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period		<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
from <u>03/28/2010</u>		
through <u>05/22/2010</u>		Page <u>28</u> of <u>64</u>
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Anne W Kearns Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Graphic design for mailer to support Hon. Howard Wayne	\$1,000.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Will Copy & Print Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Print mail piece to support Hon. Howard Wayne	\$2,293.26	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Will Copy & Print Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-print mail piece-allocated to oppose Ron Roberts	\$2,556.32	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/21/2010	Will Copy & Print Proposed Term Limits Ballot Number or Letter: B Jurisdiction: B	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-print mail piece-allocation to support Proposed Term Limits	\$25.82	\$223.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

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NAME OF FILER  
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741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Post Haste Mailing Services, Inc. Candidate Name: Hon. Howard Wayne City Council Member District 6 Jurisdiction: City of San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Mail service & postage to support Hon. Howard Wayne	\$3,282.00	\$22,939.47	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Joan Guelden Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Design & layout mailer-allocat to oppose Ron Roberts	\$973.17	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/21/2010	Joan Guelden Proposed Term Limits Ballot Number or Letter: B Jurisdiction: B	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Design & layout mailer-allocat to support Proposed Term Limits	\$9.83	\$223.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Joan Guelden Candidate Name: Stephen Whitburn County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Design and layout to support Stephen L. Whitburn	\$70.22	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

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**CALIFORNIA**  
**FORM 460**

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Eye/Comm, Inc. Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Mail service & postage for mai to oppose Ron Roberts	\$4,654.95	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/18/2010	Payee Name: bna Communications Candidate Name: Jerry Brown Governor Jurisdiction: Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communications (Funds Spent from Federal Account) to support Jerry Brown	\$639.51	\$712.51	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: bna Communications Candidate Name: Lantz Lewis Superior Court Judge District 14 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communication- (Funds Spent from Federal Account) to support Lantz Lewis	\$35.72	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: bna Communications Candidate Name: Robert Longstreth Superior Court Judge District 21 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communication- (Funds Spent from Federal Account) to support Robert C Longstreth	\$35.72	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

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5/18/2010	Payee Name: bna Communications Candidate Name: Joel Wohlfeil Superior Court Judge District 34 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communication- (Funds Spent from Federal Account) to support Joel R Wohlfeil	\$35.72	\$108.72	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: bna Communications Candidate Name: Steve Castaneda Mayor Jurisdiction: City of Chula Vista	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communication- (Funds Spent from Federal Account) to support Steve Castaneda	\$35.72	\$10,789.76	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/18/2010	Payee Name: bna Communications Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	printing member communication- (Funds Spent from Federal Account) to support Humberto Peraza	\$639.51	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Joan Guelden Candidate Name: Juan Del Rio Board of Supervisors District 4 Jurisdiction: San Diegp	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design & lay-mail piece alloca to support Juan M Del Rio	\$70.22	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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SCHEDULE D (CONT.)

Statement covers period

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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Joan Guelden Candidate Name: Margaret Moody County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design & layout-mail piece all to support Margaret A Moody	\$70.22	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Joan Guelden Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design & layout- mail piece all to oppose Ron Roberts	\$196.62	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/21/2010	Joan Guelden Proposed Term Limits Ballot Number or Letter: B Jurisdiction: B	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design & layout-mail piece all to support Proposed Term Limits	\$28.09	\$223.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Joan Guelden Candidate Name: Hon. Sheila Jackson Board of Supervisors District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-design & layout-mail piece all to support Hon. Sheila L Jackson	\$70.22	\$411.86	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**



**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

Page 33 of 64

NAME OF FILER  
 San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Will Copy & Print Candidate Name: Ron Roberts County Supervisor District 4 Jurisdiction: San Diego	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-print post card mailer to oppose Ron Roberts	\$3,153.67	\$12,429.73	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
5/21/2010	Will Copy & Print Proposed Term Limits Ballot Number or Letter: B Jurisdiction: B	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-print post card mailer to support Proposed Term Limits	\$31.86	\$223.46	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: Progressive Strategy Partners, Inc. Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-post card mailer to support Humberto Peraza	\$5,844.46	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/21/2010	Payee Name: The Campaign Solutions Group, LLC Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Persuasion calls to support Humberto Peraza	\$1,559.80	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

**Schedule D**  
**(Continuation Sheet)**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 03/28/2010

through 05/22/2010

**CALIFORNIA**  
**FORM 460**

Page 34 of 64

NAME OF FILER  
 San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
 741906

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/21/2010	Payee Name: Angle Mastagni Mathews Political Strategies, LLC Candidate Name: Humberto Peraza City Council Member District 2 Jurisdiction: Chula Vista, CA	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Automated calls to Democra (Funds Spent from Federal Account) to support Humberto Peraza	\$180.59	\$21,883.89	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/11/2010	Payee Name: Tony Turpin Associates Candidate Name: Cheryl Cox Mayor Jurisdiction: City of Chula Vista	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	MBR-Processing, printing & mai (Funds Spent from Federal Account) to oppose Cheryl Cox	\$1,093.72	\$1,093.72	
	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL** \$72,926.31

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 03/28/2010 through 05/22/2010	<b>CALIFORNIA FORM 460</b>
Page 35 of 64	I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anne W Kearns Fort Myers, FL 33912-7331	MBR		to support Howard Wayne	\$500.00
Will Copy & Print San Diego, CA 92101-1254	MBR		printing mailer- City Council candidate-no federal candidate to support Howard Wayne	\$1,596.45
Progressive Strategy Partners, Inc. Los Angeles, CA 90041-1900	MBR		design, printing, mail service & postage for mailer to support Humberto Peraza	\$7,425.81

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$72,987.64
2. Unitemized payments made this period of under \$100. ....	\$76.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$73,064.29

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/28/2010		
through 05/22/2010		Page 36 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Progressive Strategy Partners, Inc. Los Angeles, CA 90041-1900	MBR		Printing and postage for mail piece-not a Federal candidate to support Humberto Peraza	\$5,553.50
Tony Turpin Associates San Diego, CA 92116-2322	MBR		Date processing, printing & mailing service to support Steve Castaneda	\$7,456.86
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage for allocated generic portion direct mail	\$2,045.73
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		mail servic e& postage for direct mailing to support Howard Wayne	\$1,641.00
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		mail service & postage for direct mail piece to support Howard Wayne	\$1,641.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/28/2010		
through 05/22/2010		Page 37 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage allocated portion direct mail piece to support Stephen Whitburn	\$319.64
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage-allocated portion direct mail piece to support Sheila Jackson	\$319.64
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage allocated portion of direct mail piece to support Juan Del Rio	\$319.64
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage allocated portion direct mail piece to support Margaret Moody	\$319.64
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service & postage for allocated portion direct mail piece to oppose Ron Roberts	\$895.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through 05/22/2010		Page 38 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		mail service and postage for allocated direct mail piece-not Federal candidate to support	\$127.86
Anne W Kearns Fort Myers, FL 33912-7331	MBR		Graphic design for mailer to support Howard Wayne	\$1,000.00
Will Copy & Print San Diego, CA 92101-1254	MBR		Print mail piece to support Howard Wayne	\$2,293.26
Will Copy & Print San Diego, CA 92101-1254	MBR		print mail piece-allocated to oppose Ron Roberts	\$2,556.32
Will Copy & Print San Diego, CA 92101-1254	MBR		print mail piece-allocation to support	\$25.82

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/28/2010		
through 05/22/2010		Page 39 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		Mail service & postage to support Howard Wayne	\$3,282.00
Joan Guelden Sacramento, CA 95816-5416	MBR		Design & layout mailer-allocated to oppose Ron Roberts	\$973.17
Joan Guelden Sacramento, CA 95816-5416	MBR		Design & layout mailer-allocated to support	\$9.83
Joan Guelden Sacramento, CA 95816-5416	MBR		Design and layout to support Stephen Whitburn	\$70.22
Eye/Comm, Inc. Santee, CA 92071-5617	MBR		Mail service & postage for mailer to oppose Ron Roberts	\$4,654.95

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 03/28/2010		
through 05/22/2010		Page 40 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joan Guelden Sacramento, CA 95816-5416	MBR		design & lay-mail piece allocation to support Juan Del Rio	\$70.22
Joan Guelden Sacramento, CA 95816-5416	MBR		design & layout-mail piece allocation to support Margaret Moody	\$70.22
Joan Guelden Sacramento, CA 95816-5416	MBR		design & layout- mail piece allocation to oppose Ron Roberts	\$196.62
Joan Guelden Sacramento, CA 95816-5416	MBR		design & layout-mail piece allocation to support	\$28.09
Joan Guelden Sacramento, CA 95816-5416	MBR		design & layout-mail piece allocation generic side	\$449.41

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through 05/22/2010		Page 41 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joan Guelden Sacramento, CA 95816-5416	MBR		design & layout-mail piece allocation to support Sheila Jackson	\$70.22
Will Copy & Print San Diego, CA 92101-1254	MBR		print post card mailer to oppose Ron Roberts	\$3,153.67
Will Copy & Print San Diego, CA 92101-1254	MBR		print post card mailer to support	\$31.86
Progressive Strategy Partners, Inc. Los Angeles, CA 90041-1900	MBR		post card mailer to support Humberto Peraza	\$5,844.46
The Campaign Solutions Group, LLC San Diego, CA 92111-1302	MBR		Persuasion calls to support Humberto Peraza	\$1,559.80

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through 05/22/2010		Page 42 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Diego County Democratic Party (Fed. Acct.) San Diego, CA 92111-1320	TSF			\$3,393.02
***TREASURER*** Xavier Martinez San Marcos, CA 92078-5095				
San Diego County Democratic Party (Fed. Acct.) San Diego, CA 92111-1320	TSF			\$3,450.79
***TREASURER*** Xavier Martinez San Marcos, CA 92078-5095				
San Diego County Democratic Party (Fed. Acct.) San Diego, CA 92111-1320	TSF			\$9,641.92

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
through 05/22/2010		Page 43 of 64
NAME OF FILER San Diego County Democratic Party (State Acct.)		I.D. NUMBER 741906

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |                                                                   |                                               |                                                               |
|-------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                          | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                               | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events                                            | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                                 | PRO professional services (legal, accounting) | VOT voter registration                                        |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
***TREASURER*** Xavier Martinez San Marcos, CA 92078-5095				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$72,987.64

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 03/28/2010  
through 05/22/2010

CALIFORNIA  
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS**

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \_\_\_\_\_
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \_\_\_\_\_
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \_\_\_\_\_  
May be a negative number.

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	03/28/2010	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Eye/Comm, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS San Diego, CA 92116	MBR		postage for allocated generic portion direct mail piece	\$1,617.04
USPS San Diego, CA 92116	MBR		allocated postage direct mail piece to support Stephen Whitburn	\$252.66
USPS San Diego, CA 92116	MBR		allocated portion-postage direct mail piece to support Sheila Jackson	\$252.66
USPS San Diego, CA 92116	MBR		allocated portion of postage for direct mail piece to support Juan Del Rio	\$252.66

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2375.02

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Eye/Comm, Inc.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS San Diego, CA 92116	MBR		postage- allocated portion direct mail piece to support Margaret Moody	\$252.66
USPS San Diego, CA 92116	MBR		postage allocated direct mail piece to oppose Ron Roberts	\$707.45
USPS San Diego, CA 92116	MBR		postage for allocated direct mail piece to support	\$101.06
USPS San Diego, CA 92116	MBR		postage/mailer to oppose Ron Roberts	\$2,897.02

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3958.19

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# Schedule G

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NAME OF FILER  
San Diego County Democratic Party (State Acct.)

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Post Haste Mailing Services, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS San Diego, CA 92116	MBR		postage for direct mail piece to support Howard Wayne	\$1,320.00
USPS San Diego, CA 92116	MBR		postage for direct mail piece to support Howard Wayne	\$1,320.00
USPS San Diego, CA 92116	MBR		postage for mailer to support Howard Wayne	\$2,640.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5280.00

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Progressive Strategy Partners, Inc.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Altered Space Studios Portland, OR 97203-5400	MBR		graphic design for mailer to support Humberto Peraza	\$462.00
Altered Space Studios Portland, OR 97203-5400	MBR		graphic design mailer to support Humberto Peraza	\$275.35
Altered Space Studios Portland, OR 97203-5400	MBR		graphic design to support Humberto Peraza	\$525.00
Seaside Printing Company, Inc. Long Beach, CA 90802-1831	MBR		printing mailer to support Humberto Peraza	\$1,919.53

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3181.88

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# Schedule G

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I.D. NUMBER  
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Seaside Printing Company, Inc. Long Beach, CA 90802-1831	MBR		printing mailer to support Humberto Peraza	\$1,280.75
Seaside Printing Company, Inc. Long Beach, CA 90802-1831	MBR		print mailer to support Humberto Peraza	\$1,475.04
Service Mailers, Inc., Los Angeles, CA 90018-4030	MBR		mailhouse service and postage to support Humberto Peraza	\$3,309.09
Service Mailers, Inc., Los Angeles, CA 90018-4030	MBR		mailhouse services for mailer to support Humberto Peraza	\$2,891.40

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8956.28

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Service Mailers, Inc., Los Angeles, CA 90018-4030	MBR		mail service & postage to support Humberto Peraza	\$2,832.10
Brian Asis Long Beach, CA 90803-3262	MBR		production mgmt for mailer to support Humberto Peraza	\$264.00
Brian Asis Long Beach, CA 90803-3262	MBR		production management mailer to support Humberto Peraza	\$180.29
Brian Asis Long Beach, CA 90803-3262	MBR		production management to support Humberto Peraza	\$250.00

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3526.39

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# Schedule G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lester Connect San Francisco, CA 94121-2112	MBR		graphic design for mailer to support Humberto Peraza	\$330.00

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**TOTAL\*** \$330.00

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FPPC Form 460 (June/01)  
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# Schedule G

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SCHEDULE G

Statement covers period  
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NAME OF FILER  
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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T San Francisco, CA 94105-3705	OFC		telephone service	\$254.23
AT&T San Francisco, CA 94105-3705	OFC		telephone service	\$254.85
Best Deal Computers.com Chula Vista, CA 91911-1867	OFC		computer parts	\$146.77
Complete Campaigns Washington, DC 20003-1164	OFC		web based acctg & reporting service	\$136.67

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$792.52

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SCHEDULE G

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NAME OF FILER  
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Complete Campaigns Washington, DC 20003-1164	OFC		web based accounting & reporting service	\$136.67
County of San Diego San Diego, CA 92123-1653	MBR		Early voter data	\$773.21
HCA Office Park 1, LP San Diego, CA 92111-1315	OFC		Office rent	\$1,361.80
HCA Office Park 1, LP San Diego, CA 92111-1315	OFC		Office rent	\$1,361.80

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**TOTAL\*** \$3633.48

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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
San Diego County Democratic Party (Fed. Acct.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holiday Inn on the Bay San Diego, CA 92101-3321	FND		food & facilities for dinner	\$7,672.40
Holiday Inn on the Bay San Diego, CA 92101-3321	FND		balance due-food & facilities	\$200.00
Kathleen Francis dba Forget-Me-Not-Flowers San Diego, CA 92122-5673	FND		Flowers for tables & silent auction	\$400.83
Martinez & Associates, Inc. San Marcos, CA 92078-2463	PRO		Acctg & reporting service	\$671.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$8944.73

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Martinez & Associates, Inc. San Marcos, CA 92078-2463	PRO		Acctg & reporting service	\$671.50
Ocean Pacific Office Products Portland, OR 97223-8338	OFC		copy paper, legal rule pads, table cover, coffee, ink tank, other	\$252.96
Ocean Pacific Office Products Portland, OR 97223-8338	OFC		paper, file cards, rubber bands, other	\$101.76
OnTrac Shipping Phoenix, AZ 85034-7229	MBR		ship mail piece-no Federal candidates	\$133.31

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**TOTAL\*** \$1159.53

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
San Diego County Democratic Party (State Acct.)

I.D. NUMBER  
741906

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
San Diego County Democratic Party (Fed. Acct.)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Standard Press San Diego, CA 92116-2322	MBR		printing and mail service- mail piece no Federal candidates	\$2,221.82
Pacific Standard Press San Diego, CA 92116-2322	MBR		Printing & mail service-no Federal candidate	\$740.60
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		MBR-Mail service & postage for mailer-nofederal candidates	\$1,296.39
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		MBR-Mail service & postage for mailer-no Federal candidate	\$1,296.39

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5555.20

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Post Haste Mailing Services, Inc. Poway, CA 92064-6882	MBR		MBR-mail service & postage-no Federal candidates	\$2,592.78
Printer Repair Depot San Diego, CA 92111-1535	OFC		two toners	\$156.42
Progressive Strategy Partners, Inc. Los Angeles, CA 90041-1900	MBR		MBR Voter file for mailer-no Federal candidates	\$524.73
RC Awards San Diego, CA 92104-2047	FND		awards for honorees	\$262.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3536.69

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# Schedule G

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SCHEDULE G

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ritz Milner Hotel Los Angeles, CA 90017-4607			hotel room-2 nights	\$124.28
Ritz Milner Hotel Los Angeles, CA 90017-4607			planning meeting-CDP convention	\$144.10
Tony Turpin Associates San Diego, CA 92116-2322	MBR		MBR:Processing, printing & mail services-no Federal candidates	\$2,592.13
Tony Turpin Associates San Diego, CA 92116-2322	MBR		MBR-Processing, printing & mailing-allocation no Federal candidates	\$864.04

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3724.55

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# Schedule G

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SCHEDULE G

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service (USPS) San Diego, CA 92199-0001	MBR		MBR-postage for mailer-no Federal candidates	\$2,085.60
USPS San Diego, CA 92116	MBR		MBR-postage for mailer-noFederal candidates	\$1,042.80
USPS San Diego, CA 92116	MBR		MBR-postage for mailer-no Federal candidate	\$1,042.80
Will Copy & Print San Diego, CA 92101-1254	FND		Invitations - post cards	\$180.45

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$4351.65

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# Schedule G

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SCHEDULE G

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San Diego County Democratic Party (State Acct.)

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Will Copy & Print San Diego, CA 92101-1254	FND		Programs for dinner	\$644.15
Will Copy & Print San Diego, CA 92101-1254	MBR		MBR-Print post card mailer-not a federal candidate	\$1,261.20
Will Copy & Print San Diego, CA 92101-1254	MBR		MBR-printing mailer-no Federal Candidates	\$1,343.54
Jesse L Durfee San Diego, CA 92116-1216			Hotel & parking - 2 nights for meeting	\$161.48

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3410.37

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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San Diego County Democratic Party (State Acct.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan P Hurd San Diego, CA 92116-1105			hotel room, attend meeeting-2 nights	\$124.28
Anne W Kearns Fort Myers, FL 33912-7331	MBR		MBR-design city council candidate mailer-no federal candidate	\$395.00
Anne W Kearns Fort Myers, FL 33912-7331	MBR		MBR-graphic design for mailer-no Federal candidates	\$395.00
Frederick E Rogers San Diego, CA 92101-5946	OFC		USB Plus audio, adapter, cooler fan, hard drive	\$146.77

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$1061.05

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# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Tony Turpin Associates

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OnTrac Shipping Phoenix, AZ 85034-7229	MBR		shipping mail piece to support Steve Castaneda	\$250.00
Pacific Standard Press San Diego, CA 92116-2322	MBR		Printing & Mailing mail piece to support Steve Castaneda	\$6,606.86

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$6856.86

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule H – Loans Made to Others\*

Type or print in ink.  
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to whole dollars.

SCHEDULE H

Statement covers period from 03/28/2010 through 05/22/2010	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

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San Diego County Democratic Party (State Acct.)

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741906

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET**  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

(May be a negative number)

# Schedule I

## Miscellaneous Increases to Cash

Type or print in ink.  
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SCHEDULE I

Statement covers period  
from 03/28/2010  
through 05/22/2010

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$0.00

### Schedule I Summary

- Increases to cash of \$100 or more this period..... \$0.00
- Unitemized increases to cash under \$100 this period..... \$0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$0.00

FPPC Form 460 (June/01)  
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